

# Dollar Ridge Application Instructions

**All Applications Must Be Received By 10/1/2018**

## Hand Deliver:

734 North Center, Duchesne, UT  
(Leave with BobbiJo Casper)

## OR Mail to:

Uintah Basin Association of Governments  
C/O Dollar Ridge Assistance Fund  
330 East 100 South  
Roosevelt, UT 84066

## Applications may be found online at:

[www.ubaog.org](http://www.ubaog.org)

OR

[www.duchesne.utah.gov](http://www.duchesne.utah.gov)

**After application is completed and signed with required attachments..... please send to:**

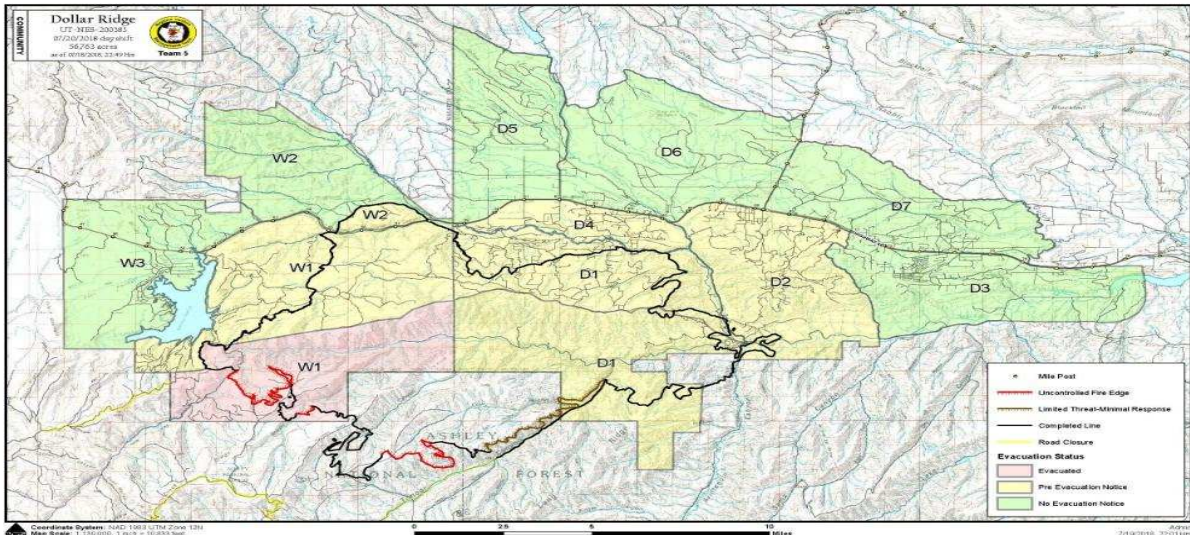
[laurieb@ubaog.org](mailto:laurieb@ubaog.org)

## Property Tax Assessment Information

- I. **Property Tax Assessment Must Be Attached** or the Application May Be Rejected
- II. Applicant's Name Must Be the Same as Indicated on the Property Tax Assessment
- III. If a Property Tax Assessment is Needed, Please Call **JoAnn Evans** at **435-738-1228**

**Make sure the name on the application is signed and printed.**

# Dollar Ridge Assistance Fund Application



**GENERAL INFORMATION (Please print)** The information on this form will be used solely for the purpose of determining eligibility for the Dollar Ridge Fire Assistance Fund. The information that you provide will be kept strictly confidential.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 (Please write your name as it appears on your property tax assessment)

Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
 (Proof of Property Tax Assessment Must Be Attached to Application – If you have not received your disclosure notice contact JoAnn Evans 1-435-738-1228)

Please check which is applicable: Primary Residence \_\_\_\_\_ Secondary \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Work phone \_\_\_\_\_

List which evacuation zone your residency is in: \_\_\_\_\_  
 (Include the W or the D)

Approved: 8/14/18

Damage Assessment (Please list all buildings and equipment - Attach Pictures if available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Optional:**

Total number of people living at the above residence: \_\_\_\_\_ List each below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I certify that to the best of my knowledge all of the information on this form is correct. I also understand that failure to report complete and accurate information may result in a rejected application.

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_